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ARKANSAS MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

ASP 49 (REV 8/96)

Rpt. # : Unit Assigned : Premises : Geo. Code : District :

Accident Date Month/Day/Year	Day of Week	Time of Accident Time	AM	PM	No. of Vehicles	Temp (Deg)	Hit & Run	Vehicles Direction of Travel	Official Use Only
			☐	☐			☐ YES ☐ NO	V # __ ☐ N ☐ S ☐ E ☐ W V # __ ☐ N ☐ S ☐ E ☐ W	

County Accident Occurred | City Accident Occurred | N S E W City Limits

Not in City, but ☐ Miles ☐ Feet ☐ ☐ ☐ ☐ of

Road/Street/Highway Accident Occurred on | Section | Log Mile | Use only the following reference points: Intersecting Highway, County Road, City Street, Bridge, Railroad Crossing, Overpass, Underpass, County Line, City Limits, Milepost, State Line.

If on Numbered Highway/County Rd. - Give Number

☐ At Intersection With, or ☐ Miles ☐ Feet ☐N ☐S ☐ E ☐ W of Reference Pt.

Vehicle # or Pedestrian #	Vehicle # or Pedestrian #
Commercial Vehicle ☐ YES (if checked see supplemental) ☐ NO	Commercial Vehicle ☐ YES (if checked see supplemental) ☐ NO
Drivers Name (First, MI, Last) Inj. Code	Drivers Name (First, MI, Last) Inj. Code
Address (No. + Street/Route/P.O. Box, etc.) Safety Equip Eject Code	Address (No. + Street/Route/P.O. Box, etc.) Safety Equip Eject Code
City State Zip	City State Zip
Date of Birth MO/DA/YR Race Sex Age Drivers License Class Number and State ☐ DL ☐ CDL ☐ None	Date of Birth MO/DA/YR Race Sex Age Drivers License Class Number and State ☐ DL ☐ CDL ☐ None
BAC Test ☐ Yes ☐ No Results (if Known) % ☐ Refused Test	BAC Test ☐ Yes ☐ No Results (if Known) % ☐ Refused Test
Vehicle Owners Name (First, MI, Last)	Vehicle Owners Name (First, MI, Last)
Owners Address (No. + Street/Route/P.O. Box, etc.)	Owners Address (No. + Street/Route/P.O. Box, etc.)
City State Zip	City State Zip
Make & Type of Vehicle (Motorcycle, Pickup, etc.) Make Model Body Style	Make & Type of Vehicle (Motorcycle, Pickup, etc.) Make Model Body Style
Vehicle Registration Year State Lic #	Vehicle Registration Year State Lic #
Vehicle Identification Number (VIN) Veh. Year Est. Repair Cost	Vehicle Identification Number (VIN) Veh. Year Est. Repair Cost
Trailers ? ☐ Yes ☐ No # Units Reg. State Plate #	Trailers ? ☐ Yes ☐ No # Units Reg. State Plate #
Prior Veh. Damage ☐ Yes ☐ No If Yes Describe Damage and Location	Prior Veh. Damage ☐ Yes ☐ No If Yes Describe Damage and Location
Vehicle Damage as Result of Accident ☐Disabled ☐Other Damage ☐No Damage ☐Functional	Vehicle Damage as Result of Accident ☐Disabled ☐Other Damage ☐No Damage ☐Functional

Passenger Information (List Below)

13	14	15	16	17	18	19	20	21	22 Name (First, MI, Last)	23 Address (No. + Street/Route/P.O. Box/City/State/Zip)

VEHICLE # OR PEDESTRIAN #	VEHICLE # OR PEDESTRIAN #
☐ Towed Away By (Give Full Business or Person Name (First, MI, Last)) ☐ Driven Away By	☐ Towed Away By (Give Full Business or Person Name (First, MI, Last)) ☐ Driven Away By
Address (No. + Street / Route /P.O. Box, Etc.)	Address (No. + Street / Route /P.O. Box, Etc.)
City State Zip	City State Zip
EMS Notified ☐ A.M. ☐ P.M. Transported By EMS Arrived ☐ A.M. ☐ P.M.	EMS Notified ☐ A.M. ☐ P.M. Transported By EMS Arrived ☐ A.M. ☐ P.M.
Injured Transported To (Hospital Name, City, State, Zip Code)	Injured Transported To (Hospital Name, City, State, Zip Code)
Name of Insurance Carrier (Not Agent) and Policy Number	Name of Insurance Carrier (Not Agent) and Policy Number

Damage To Property Other Than Vehicles	Object Struck (House, Fence, Tree, etc.)	Owners Name (First, MI, Last) Address (No. + Street/Route, City, State)	Repair Cost
			Notified ☐Yes ☐No

Witnesses Names (First, MI, Last)	Home Address (No. + Street, Route, City, State, Zip)	Age	Race	Sex
1				
2				

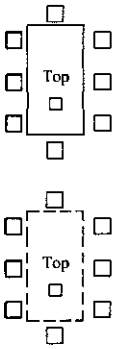
Citations Issued To (First, MI, Last Name)	Charge and Statute Number	Summons Number
1		
2		

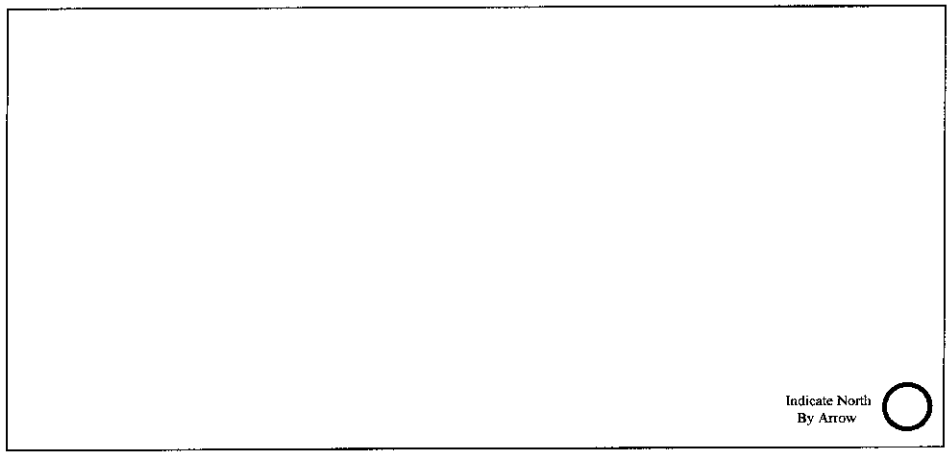
Time Notified of Accident ☐ A.M. ☐ P.M.	Time Arrived at Accident Scene ☐ A.M. ☐ P.M.	Date (Month / Day / Year)	Photos ☐ Yes ☐ No

Trooper/Officers Name (Rank, First, MI, Last) Signature :	Badge No.	Department	Reviewing Off.	Date Report Filed

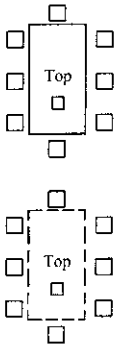
Vehicle #			Vehicle #		
Vehicle Color	Point of Initial Contact	Speed Limit MPH	Speed Posted ☐ Yes ☐ No	Vehicle Color	Point of Initial Contact

Veh. # Point of Impact





Veh. # Point of Impact

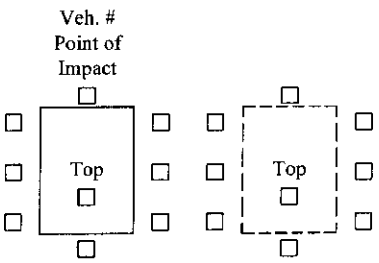


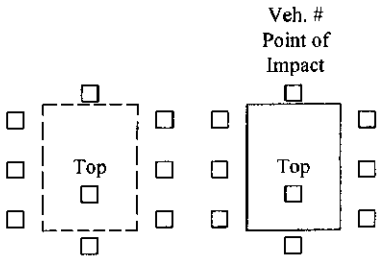
Investigator Description (Refer to Vehicles by Operator)

Narrative: _____

Arkansas Motor Vehicle Accident Report Supplement

ASP 49A (REV 9/96)





Indicate North
By Arrow

Narrative:

ASP-49B (REV. 12/96)

ARKANSAS SUPPLEMENTAL COMMERCIAL MOTOR VEHICLE ACCIDENT REPORT

RPT. #:

DRIVER AND PASSENGER INFORMATION

Name of Driver (First, MI, Last) | CDL Number/ Endorsements & State

Years Employed By Carrier : | Actual Hours Off Since Last 8 Off : | Est. Hours Driven Since Last 8 Off :

Driver
1 ☐ Normal 4 ☐ Drinking 7 ☐ Eyesight
2 ☐ Asleep 5 ☐ Drugs 8 ☐ Hearing
3 ☐ Sick 6 ☐ Medical Waiver 9 ☐ Other

Medical Examiners Certificate
☐ Yes Expiration Date:
☐ Does Not Apply
☐ No

Driver Qualification Training (if yes, explain)
☐ No ☐ Yes :

Driver/Carrier at Fault in Crash
☐ Yes ☐ No ☐ Unk.

Fatalities
☐ Driver ☐ Carrier Personnel
☐ Co-Driver ☐ Passengers
☐ Other :

Injuries
☐ Driver ☐ Carrier Personnel
☐ Co-Driver ☐ Passengers
☐ Other :

Seat Belts

	Installed	In Use
Driver	☐ Yes ☐ No	☐ Yes ☐ No
Passenger	☐ Yes ☐ No	☐ Yes ☐ No

VEHICLE INFORMATION

Vehicle Type	Veh. Year	No. Axles	Make	VIN	Company Number	Type of Body: Van	Flat	Tank	Car Carrier	Cement	Dump	Other
Truck						☐	☐	☐	☐	☐	☐	☐
Tractor												
Semi Trailer						☐	☐	☐	☐	☐	☐	☐
Full Trailer						☐	☐	☐	☐	☐	☐	☐
Bus												
Other						☐	☐	☐	☐	☐	☐	☐

Length (Ft.) PU :	Length (Ft.) TR 1:	Length (Ft.) TR 2:	Width (In.)	Height	GVWR	Fuel Type
						☐ Gasoline ☐ Diesel ☐ L P G

Mechanical Defects
☐ Not Applicable ☐ Engine ☐ Coupling ☐ Brakes
☐ Other ☐ Transmission ☐ Suspension ☐ Steering
☐ Drive Line ☐ Fuel System

Bus Information
Seating Capacity Total Passengers

CARRIER AND TRIP INFORMATION

Name Of Carrier (CORPORATE BUSINESS NAME UNDER WHOSE AUTHORITY VEHICLE IS OPERATED) | Source Of Carrier Name ☐ Vehicle Side ☐ Shipping Papers ☐ Driver

Carrier Address | City | State | Zip Code

Type Of Operation
☐ Private ☐ Household Goods
☐ Common Carrier ☐ Passenger
☐ Contract Carrier ☐ Rental
☐ Exempt Commodity ☐ Other (Explain Below)

Permits Permit Numbers
☐ US DOT
☐ ICC/MC
TRIP ORIGIN :
DESTINATION :

Type Of Trip ☐ Over The Road ☐ Charter or Special ☐ City
☐ Local Pickup / Delivery ☐ Regular Route ☐ Other

No. of Miles From Origin To Crash Location

HAZARDOUS MATERIAL INVOLVEMENT

Was This Vehicle Carrying Hazardous Materials ?
☐ YES ☐ NO ☐ UNKNOWN

Did This Vehicle Have A Hazardous Material Placard ?
☐ YES ☐ NO ☐ UNKNOWN

If Yes From ↑ Indicate Name or 4 Digit Number From Diamond or Box ☐☐☐☐ 1 or 2 Digit Number From Bottom of Diamond ☐☐

Was Hazardous Material Released From This Vehicle's Cargo ? ☐ Yes ☐ No ☐ Unknown

ACCIDENT INFORMATION

Non Collision ☐ Jackknife ☐ Units Separated ☐ Cargo Shift ☐ Other Non Collision (Explain Below)
☐ Ran Off Road ☐ Overturn ☐ Loss/Spill Cargo ☐ Fire

Total # of Lanes : Type of Highway ☐ Interstate ☐ Non Interstate / Limited Access ☐ 4 - Lane Divided ☐ Undivided

Accident Results ☐ Fire ☐ Spillage Hazardous Material ☐ Other (Explain Below)
☐ Explosion ☐ Spillage Non-Hazardous ☐ Property Damage

☐ Towed Away By (Give Full Business or Persons Name (First, MI, Last))
☐ Driven Away By :

Address (No. + Street / Route / P.O. Box / etc.)

City State Zip

Name of Insurance Carrier (**Not Agent**) And Policy Number

Injured Transported to (Hospital Name, City, State, Zip) :

EMS Notified : ☐ A.M. ☐ P.M. EMS Arrived : ☐ A.M. ☐ P.M. Transported By :

Trooper / Officers Signature :

Trooper / Officer's Name (First, MI, Last)	Rank	Badge/Code #	Department	Reviewing Officer	Date Report Filed

ASP-49C

ARKANSAS SUPPLEMENTAL MOTOR VEHICLE/ANIMAL ACCIDENT REPORT

REPORT NUMBER _____ DATE: _____ (Month/Day/Year) TIME: _____ ☐ AM ☐ PM

HIGHWAY _____ COUNTY _____ SECTION _____ LOG MILE _____

VEHICLE MAKE _____ VEHICLE MODEL _____ BODY STYLE _____ COLOR _____ YEAR _____

VIN _____ VEHICLE LICENSE _____ STATE _____

WHERE VEHICLE DAMAGED _____ ESTIMATE OF DAMAGE _____

OWNER (First, MI, Last Name) _____ ADDRESS OF OWNER _____

CITY _____ STATE _____ ZIP CODE _____

DRIVER (First, MI, Last Name) _____ ADDRESS OF DRIVER _____

CITY _____ STATE _____ ZIP CODE _____

DRIVER'S LICENSE NO. _____ ☐ DL ☐ CDL CLASS OF LICENSE _____ STATE _____

SEAT BELT IN USE ☐ YES ☐ NO

DESCRIPTION OF ACCIDENT: _____

IF APPLICABLE
OWNER AND/OR DISPOSITION OF ANIMAL: _____ (First) (MI) (Last Name)

ADDRESS: _____ (Street) (City) (State) (Zip Code)

TROOPER/OFFICERS NAME (Rank, First, MI, Last Name) _____ BADGE # _____

DEPARTMENT _____ REVIEWING OFFICER _____ DATE REPORT FILED (Mo/Day/Yr) _____